

**Graduate Assistantship and Fellowship
Agreement and Acceptance
Form Process**

To microEP student: It is your responsibility to transport this document through the full process listed below and then return the completed form to Dr. Selvam (Bell 4150). It is also your responsibility to determine your future funding status about six weeks before the end of your indicated funding.

To microEP faculty member: Funding for this student is committed only for the periods indicated. No further notice is required to terminate funding after that time.

However, you can terminate funding for a student at any time for poor performance with 60 days notice.

While verbal discussions should be part of a notification of termination they are also subject to later interpretation. Our U of A Board policy requires notice of termination to be in writing. It is strongly suggested that you use email to the student, copying rickwise@uark.edu, to notify the student of any change in their funding status due to lack of performance.

Person responsible for each step: Please initial and date after completing each step.

1. _____ Student takes form to major professor.
2. _____ Major Professor fills out appointment type, monthly stipend or award, and CCC for each semester.
3. _____ Major Professor fills out work hours and work assignments.
4. _____ Major Professor reviews form content with student.
5. _____ Major Professor signs form as account representative.
6. _____ Student signs form after fully understanding all appointment details.
7. _____ Student makes copy of form and goes to departmental financial clerk.
8. _____ Departmental Financial Clerk keeps the copy of the form for entry into system and departmental records, but may keep the original if departmental procedures require it.
9. _____ Student brings form to microEP accumulation point (currently Dr. Panneer Selvam, Civil Eng).
10. _____ microEP makes copy for student records and delivers original form to graduate school.

Print Student's Name

Print Major Professor

**University of Arkansas
Graduate Assistantship and Fellowship
Agreement and Acceptance**

NAME: _____ STUDENT ID NUMBER: _____
Appointing Department (MEEG, ELEG, MEPH, PHYS, BIOAG, ETC): _____ Cohort #: _____

	Start Date	End Date	Appointment 50%, 25%, TA , RA	Monthly Stipend Or Award	Cost Center Number	Supervisor(s)
Appointment #1 Fall 2017	8/__/17	12/__/17				
Appointment #2 Spring 2018	1/__/18	5/__/18				
Appointment #3 Summer 2018	5/__/18	8/__/18				

- (1) All graduate assistants are required to earn a minimum number of graduate level credits and are limited to a maximum number of graduate level credits each semester and/or summer session on appointment exclusive of audit credits. Please see the Graduate School Website for these requirements at <http://grad.uark.edu>.
- (2) All graduate assistants on a 50 percent appointment will have tuition paid as part of the graduate assistant contract. Graduate assistants with appointments from 25 to 50 percent will have out-of-state tuition paid. (This does NOT include late registration or miscellaneous fees.)
- (3) All graduate assistants on 50 percent or greater appointment will have 60% of health insurance paid, if the student makes application for this.
- (4) Graduate assistants will be expected to work from the Monday before classes begin to the 15th of December, May or August, depending on the semester of appointment, except when the University is closed unless the sponsor has specified other dates. If there are additional work requirements by the sponsor, list them here

- (5) International graduate assistants cannot have greater than a 50% appointment without prior written authorization from the Office of International Students and Scholars.
- (6) **(MUST BE COMPLETED)** Work assignments involve 20 hours per week (50 percent appointment) or 10 hours per week (25 percent appointment) as defined by immediate supervisor; or serving as the instructor of record for a maximum of two 3-hour courses. Additional work may be done by the student for his/her own research:
Work assignments will include:
_____ [e.g.: x hours in laboratory (duties
_____ specified); x office hours; x hours
_____ proctoring exams]
- (7) All graduate assistants must earn at least 2.85 grade point average on all courses taken for graduate credit each semester of appointment.*
*Some colleges/departments have higher minimum enrollment requirements and/or grade point averages. You should consult with your department chairperson or supervisor before registration.

Graduate assistants may be terminated from their positions at any time, or dismissed for cause (Board Policy No. 405.4). Termination is effected through the giving of a notice, in writing, of that action at least sixty days in advance of the date the employment is to cease. A copy of the notice must be sent to the Graduate Dean.

Student Initial and Date _____

***** NOTE *****

IF A GRADUATE ASSISTANT IN ANY WAY BREAKS THIS CONTRACT BY WITHDRAWING FROM THE UNIVERSITY, DROPPING BELOW THE MINIMUM REQUIRED REGISTRATION CREDITS, OR IN ANY OTHER WAYS NOT SATISFACTORILY MEETING THE REQUIREMENTS OF THE APPOINTMENT, THAT PERSON WILL BE REQUIRED TO REIMBURSE THE UNIVERSITY ON A PRO RATA BASIS FOR ALL TUITION AND FEES PAID FOR HIM OR HER FOR THAT SEMESTER.

FOR POLICIES RELEVANT TO GRADUATE ASSISTANTSHIPS, PLEASE SEE THE GRADUATE ASSISTANT GRIEVANCE POLICY, AS WELL AS RELATED POLICIES, ON THE GRADUATE SCHOOL WEB SITE (www.uark.edu/grad)

PLEASE NOTE THAT THE ACADEMIC RECORD OF STUDENTS HOLDING GRADUATE ASSISTANTSHIPS/FELLOWSHIPS MAY BE MADE AVAILABLE TO THE UNIVERSITY SPONSORS OF THOSE ASSISTANTSHIPS/FELLOWSHIPS.

By my signature below, I verify that I have read this agreement, understand and accept the terms outlined within, and agree to abide by these policies. If circumstances change such that I am not able to fulfill the duties of my assignment, I agree to notify my immediate supervisor immediately.

This agreement will be considered null and void if I am not fully accepted for Graduate Admission.

Date

Student Signature

Date

**Account Representative Signature – Appointment #1
Department Signature**

Date

**Account Representative Signature – Appointment #2
Department Signature**

Date

**Account Representative Signature – Appointment #3
Department Signature**

Student phone numbers:

Home: _____ - _____ - _____

Work: _____ - _____ - _____

Cell: _____ - _____ - _____

Assistant Director
MicroEP Graduate Program

Date